

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: JACK SALAFRIO  
BUSINESS STREET ADDRESS: 2121 SW 136TH AVE ZIP 33325  
BUSINESS MAILING ADDRESS: 2121 SW 136TH AVE ZIP \_\_\_\_\_  
BUSINESS PHONE: 954-476-8247  
DESCRIBE TYPE OF BUSINESS: SALES RETAIL COPIERS ETC.  
BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor ☒ Partnership \_\_\_\_\_ no inventory

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>JACK SALAFRIO</u>	<u>2121 SW 136TH AVE</u>	<u>DAVIE FL.</u>	<u>954-476-8247</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number 111-18-0471

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 00, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

JACK SALAFRIO  
Print Owner or Officers Name and Title

Jack Salafrio  
Signature of Owner or Officer

Office Use Only: Date <u>4/18/00</u> Category <u>13600</u> Fee <u>exempt</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # _____	Control # _____ Zoning# _____
Council approval Required _____ Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
TOWN CLERK APPROVAL _____	